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COMPANY: USPTO	DATE: September 7, 2005	
FAX NO.: (571) 273-8300	TOTAL NO. OF PAGES: (including cover sheet) 14	
YOUR REFERENCE NO.:	OUR REFERENCE (C/M) NO.: 004770.00136	

RE: U.S. Patent Appln. No. 10/657,648
In the Appln. Vare, et al.
GEOGRAPHICAL POSITION EXTENSION IN MESSAGING FOR A TERMINAL NOTICE

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NAME: Lydia Vega	PHONE: 312-463-5539
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COMMENTS:

Response to Restriction Requirement

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/857,646	
	Filing Date	September 8, 2003	
	First Named Inventor	Jani Väre	
	Art Unit	2683	
	Examiner Name	Le, Danh, C.	
Total Number of Pages in This Submission	14	Attorney Docket Number	004770.00136

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Coversheet
Remarks The Commissioner is authorized to debit or credit any deficiency or overpayment to Deposit Account No. 19-0733.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Phoebe K. Phillips Reg. No. 56,431
Signature	<i>Phoebe K. Phillips</i>
Date	September 7, 2005

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	<i>DIAN Preston</i>		
Signature	<i>Dian Preston</i>	Date	September 7, 2005

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Appln. No.: 10/657,646
Office Action Dated: August 12, 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
(Attorney Docket No. 004770.00136)

In the Application of:)	
Jani Vare)	
Kari Virtanen)	
Serial No.)	Group Art Unit: 2683
10/657,646)	
Filed:)	Examiner: Le, Danh C.
September 8, 2003)	
For: Geographical Position Extension in)	Confirmation Number: 2839
Messaging for a Terminal Node)	

RESPONSE TO RESTRICTION REQUIREMENT

Commissioner for Patents
P.O. Box 1450
Mail Stop Amendment
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed August 12, 2005, please consider the instant application as follows:

Applicants do not believe any fees are due, but Commissioner is hereby authorized to charge any fee or credits to deposit account no. 19-0733.

Amendments to the Claims are reflected in the Listing of Claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 12 of this paper.

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